

CITY OF SAN DIEGO
COMMISSION FOR ARTS AND CULTURE
FY 2004 FESTIVALS AND CELEBRATIONS PROGRAM
REQUEST FOR PAYMENT

Organization: _____

Request period: (month/day/year) ____/____/____ through ____/____/____

Person completing form/title: _____

Telephone: _____ fax: _____

EXPENSE CLASSIFICATION	FY 2004 TOT ALLOCATION	PAYMENTS TO DATE	PROJECT EXPENSES <u>FOR THIS PERIOD</u>	PAYMENT REQUEST <u>FOR THIS PERIOD</u>
PERSONNEL: Wages and Benefits				
Artistic/Entertainment (A)				
Organization's Admin. (AD)				
Professional Event Organizer (EO)				
Technical Production (TP)				
Security/Cleaning Crews (SC)				
Other (OP) _____				
PERSONNEL SUBTOTAL				
OPERATING: Non-Personnel				
Facility/ Rentals (FR)				
Marketing/Publicity (MP)				
Materials/Supplies (MS)				
Insurance (I)				
Other (OO) _____				
OPERATING SUBTOTAL				
GRAND TOTAL				

OVER

AUTHORIZATION

On behalf of the above named organization, I request the above payment amount.

Signature _____ Date _____

Print Name _____ Title _____ Telephone No. _____

Approved: _____ Date: _____

VICTORIA L. HAMILTON, Executive Director, City of San Diego Commission for Arts and Culture

REQUEST FOR PAYMENT BUDGET DETAILS

Please provide details on expenditures in the lined spaces below. Use code letters to classify expenditures. The Classification Code Letters correspond to those used on the reverse side of this form, as well as those used on the Budget Summary (Exhibit A) in your Agreement.

If you need additional space to record check and vendor information please attach a second page. Complete and return this form. **RETAIN A PHOTOCOPY FOR YOUR RECORDS**

EXPENSE CLASSIFICATION CODE LETTERS

PERSONNEL - WAGES & BENEFITS

A	Artistic
AD	Administrative
EO	Professional Event Organizer
TP	Technical Production
SC	Security/Cleaning Crews
OP	Other (Personnel)

OPERATING – NON-PERSONNEL

FR	Facility/Rentals
MP	Marketing/Publicity
MS	Materials/Supplies
I	Insurance
OO	Other (Operating)

[illegible]

MATCHING INCOME INFORMATION: Please complete the following

1. Circle the ratio that indicates your matching requirement 1:1 2:1 3:1
2. Total matching dollars required for this contract year: _____
3. Total matching dollars received to date: _____
4. Matching dollars required for this request period: _____
5. Please indicate sources and amounts of matching income you have received for this request period:

Date

Source

Amount
